

604-706  
143885US01Nixon & Vanderhye P.C. (10/99)  
(Domestic Non-Assigned/Foreign) Page 1

**RULE 63 (37 C.F.R. 1.63)**  
**INVENTORS DECLARATION FOR PATENT APPLICATION**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TREATMENT OF NEURODEGENERATIVE CONDITIONS**

the specification of which (check applicable box(es)):

☐ is attached hereto  
☒ was filed on January 14, 2004 as U.S. Application Serial No. Unassigned (Atty. Dkt. No. 604-706)  
☐ was filed as PCT International application No. on  
 and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):	Country	Day/Month/Year Filed
Application Number 0300783.8	United Kingdom	14 January 2003

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below

Application Number	Date/Month/Year Filed
--------------------	-----------------------

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below:

Prior U.S./PCT Application(s):	Day/Month/Year Filed	Status: patented pending, abandoned
Application Serial No.		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint Nixon & Vanderhye P.C., telephone number 703-816-

4000 (to whom all communications are to be directed) and the attorneys of: **Customer Number 23117**, individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent. I also authorize Nixon & Vanderhye to add or delete attorneys from that Customer Number, and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to Nixon & Vanderhye on behalf of the owner(s).

1.	Inventor's Signature: <u>S. Harbige</u>	Date: <u>20-2-2004</u>
	Inventor: Laurence S Harbige (first) MI (last)	United Kingdom - (citizenship)
	Residence: (city) <u>London</u> (state/country) <u>United Kingdom</u>	
	Mailing Address: <u>40 Middleton Close, London, United Kingdom</u>	
	(Zip Code) <u>E4 8EA</u>	
2.	Inventor's Signature: <u>Michael J. Leach</u>	Date: <u>19/2/2004</u>
	Inventor: Michael J. Leach (first) MI (last)	United Kingdom (citizenship)
	Residence: (city) <u>West Wickham, Kent</u> (state/country) <u>United Kingdom</u>	
	Mailing Address: <u>48 Cherry Tree Walk, West Wickham, Kent, United Kingdom</u>	
	(Zip Code) <u>BR4 9EF</u>	

**[X] See attached sheet(s) for additional inventor(s) information!!**

604-706

Serial No. Unassigned

Page 2

Nixon & Vanderhye P.C. (10/99)  
(Domestic Non-Assigned/Foreign)

3. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inventor: Mohammed Sharief United Kingdom  
(first) MI (last) (citizenship)  
Residence: (city) London (state/country) United Kingdom  
Mailing Address: Dept. of Clinical Neurosciences, Guys, King's and St. Thomas' School of Medicine, Hodgkin Building, Guy's  
Hospital, London, United Kingdom  
(Zip Code) SE1 9RT
4. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inventor: \_\_\_\_\_  
(first) MI (last) (citizenship)  
Residence: (city) \_\_\_\_\_ (state/country) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Zip Code) \_\_\_\_\_
5. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inventor: \_\_\_\_\_  
(first) MI (last) (citizenship)  
Residence: (city) \_\_\_\_\_ (state/country) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Zip Code) \_\_\_\_\_
6. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inventor: \_\_\_\_\_  
(first) MI (last) (citizenship)  
Residence: (city) \_\_\_\_\_ (state/country) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Zip Code) \_\_\_\_\_

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.

604-706  
143885US01Nixon & Vanderhye P.C. (10/99)  
(Domestic Non-Assigned/Foreign) Page 1**RULE 63 (37 C.F.R. 1.63)  
INVENTORS DECLARATION FOR PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TREATMENT OF NEURODEGENERATIVE CONDITIONS**

the specification of which (check applicable box(es)):

☐ is attached hereto  
☒ was filed on January 14, 2004 as U.S. Application Serial No. Unassigned (Atty. Dkt. No. 604-Error/Reference source not found.)

☐ was filed as PCT International application No. on  
 and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
0300783.8	United Kingdom	14 January 2003

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number	Date/Month/Year Filed
--------------------	-----------------------

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT International applications listed above or below:

Prior U.S./PCT Application(s):

Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned
------------------------	----------------------	--

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint Nixon & Vanderhye P.C., telephone number 703-816-

4000 (to whom all communications are to be directed) and the attorneys of: **Customer Number 23117**, individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent. I also authorize Nixon & Vanderhye to add or delete attorneys from that Customer Number, and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to Nixon & Vanderhye on behalf of the owner(s).

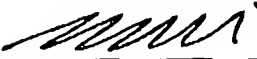
1. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inventor: Laurence S. Harbige United Kingdom  
 (first) (MI) (last) (citizenship)  
 Residence: (city) London (state/country) United Kingdom  
 Mailing Address: 40 Middleton Close, London, United Kingdom  
 (Zip Code) E4 8EA

2. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inventor: Michael J. Leach United Kingdom  
 (first) (MI) (last) (citizenship)  
 Residence: (city) West Wickham, Kent (state/country) United Kingdom  
 Mailing Address: 48 Cherry Tree Walk, West Wickham, Kent, United Kingdom  
 (Zip Code) BR4 9EF

**[X] See attached sheet(s) for additional inventor(s) information!!**

Serial No. Unassigned  
Page 2

Nixon & Vanderhye P.C. (10/99)  
(Domestic Non-Assigned/Foreign)

3.	Inventor's Signature:				Date:	July 9, 2004
	Inventor:	Mohammed	K	Sharief	United Kingdom	
		(first)	MI	(last)	(citizenship)	
	Residence: (city)	London (state/country) United Kingdom				
	Mailing Address:	Dept. of Clinical Neurosciences, Guys, King's and St. Thomas' School of Medicine, Hodgkin Building, Guy's Hospital, London, United Kingdom				
	(Zip Code)	SE1 9RT				
4.	Inventor's Signature:				Date:	
	Inventor:	(first)	MI	(last)	(citizenship)	
	Residence: (city)	(state/country)				
	Mailing Address:					
	(Zip Code)					
5.	Inventor's Signature:				Date:	
	Inventor:	(first)	MI	(last)	(citizenship)	
	Residence: (city)	(state/country)				
	Mailing Address:					
	(Zip Code)					
6.	Inventor's Signature:				Date:	
	Inventor:	(first)	MI	(last)	(citizenship)	
	Residence: (city)	(state/country)				
	Mailing Address:					
	(Zip Code)					

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.

BEST AVAILABLE COPY